

PSI #25 Accidental Puncture or Laceration

Area-Level Indicator

Numerator

Discharges 18 years and older with ICD-9-CM code denoting technical difficulty (e.g., accidental cut, puncture, perforation, or laceration) in any diagnosis field (principal or secondary) of all medical and surgical discharges defined by specific DRGs or MS-DRGs.

ICD-9-CM Accidental Puncture or Laceration diagnosis codes:

Accidental cut, puncture, perforation, or hemorrhage during medical care:

| E8700 | SURGICAL OPERATION | E8706 | HEART CATHETERIZATION |
|-------|--------------------------------|-------|-------------------------------|
| E8701 | INFUSION OR TRANSFUSION | E8707 | ADMINISTRATION OF ENEMA |
| E8702 | KIDNEY DIALYSIS OR OTHER | E8708 | OTHER SPECIFIED MEDICAL CARE |
| | PERFUSION | E8709 | UNSPECIFIED MEDICAL CARE |
| E8703 | INJECTION OR VACCINATION | 9982 | ACCIDENTAL PUNCTURE OR |
| E8704 | ENDOSCOPIC EXAMINATION | | LACERATION DURING A PROCEDURE |
| E8705 | ASPIRATION OF FLUID OR TISSUE, | | |

See Patient Safety Indicators Appendices:

• Appendix B – Medical Discharge DRGs

PUNCTURE, AND CATHETERIZATION

- Appendix C Medical Discharge MS-DRGs
- Appendix D Surgical Discharge DRGs
- Appendix E Surgical Discharge MS-DRGs

Exclude cases:

- MDC 14 (pregnancy, childbirth, and puerperium).
- with ICD-9-CM code for spine surgery

ICD-9-CM Spine Surgery procedure codes:

| 0301 | REMOVAL OF FOREIGN BODY FROM | 8100 | SPINAL FUSION, NOT OTHERWISE |
|------|-----------------------------------|------|----------------------------------|
| | SPINAL CANAL | | SPECIFIED |
| 0302 | REOPENING OF LAMINECTOMY SITE | 8101 | ATLAS-AXIS SPINAL FUSION |
| 0309 | OTHER EXPLORATION AND | 8102 | OTHER CERVICAL FUSION, ANTERIOR |
| | DECOMPRESSION OF SPINAL CANAL | | TECHNIQUE |
| 0353 | REPAIR OF VERTEBRAL FRACTURE | 8103 | OTHER CERVICAL FUSION, POSTERIOR |
| 036 | LYSIS OF ADHESIONS OF SPINAL CORD | | TECHNIQUE |
| | AND NERVE ROOTS | 8104 | DORSAL AND DORSOLUMBAR FUSION, |
| 8053 | REPAIR OF THE ANULUS FIBROSUS | | ANTERIOR TECHNIQUE |
| | WITH GRAFT OR PROSTHESIS OCT08- | 8105 | DORSAL AND DORSOLUMBAR FUSION, |
| 8054 | OTHER AND UNSPECIFIED REPAIR OF | | POSTERIOR TECHNIQUE |
| | THE ANULUS FIBROSUS OCT08- | 8106 | LUMBAR AND LUMBOSACRAL FUSION, |
| | | | ANTERIOR TECHNIQUE |

| 8107 | LUMBAR AND LUMBOSACRAL FUSION, LATERAL TRANSVERSE PROCESS TECHNIQUE | 8458 | IMPLANTATION OF INTERSPINOUS PROCESS DECOMPRESSION DEVICE (ONLY BEFORE OCT 1, 2007) |
|--------|---|--------------|---|
| 8108 | LUMBAR AND LUMBOSACRAL FUSION, POSTERIOR TECHNIQUE | 8459 8460 | INSERTION OF OTHER SPINAL DEVICES INSERTION OF SPINAL DISC |
| 8130 | REFUSION OF SPINE, NOT OTHERWISE SPECIFIED | | PROSTHESIS, NOT OTHERWISE SPECIFIED |
| 8131 | REFUSION OF ATLAS-AXIS SPINE | 8461 | INSERTION OF PARTIAL SPINAL DISC |
| 8132 | REFUSION OF OTHER CERVICAL SPINE, | | PROSTHESIS, CERVICAL |
| | ANTERIOR TECHNIQUE | 8462 | INSERTION OF TOTAL SPINAL DISC |
| 8133 | REFUSION OF OTHER CERVICAL SPINE, | | PROSTHESIS, CERVICAL |
| | POSTERIOR TECHNIQUE | 8463 | INSERTION OF SPINAL DISC |
| 8134 | REFUSION OF DORSAL AND | | PROSTHESIS, THORACIC |
| | DORSOLUMBAR SPINE, ANTERIOR | 8464 | INSERTION OF PARTIAL SPINAL DISC |
| | TECHNIQUE | | PROSTHESIS, LUMBOSACRAL |
| 8135 | REFUSION OF DORSAL AND | 8465 | INSERTION OF TOTAL SPINAL DISC |
| | DORSOLUMBAR SPINE, POSTERIOR | | PROSTHESIS, LUMBOSACRAL |
| | TECHNIQUE | 8466 | REVISION OR REPLACEMENT OF |
| 8136 | REFUSION OF LUMBAR AND | | ARTIFICIAL SPINAL DISC PROSTHESIS, |
| | LUMBOSACRAL SPINE, ANTERIOR | | CERVICAL |
| | TECHNIQUE | 8467 | REVISION OR REPLACEMENT OF |
| 8137 | REFUSION OF LUMBAR AND | | ARTIFICIAL SPINAL DISC PROSTHESIS, |
| | LUMBOSACRAL SPINE, LATERAL | | THORACIC |
| | TRANSVERSE PROCESS TECHNIQUE | 8468 | REVISION OR REPLACEMENT OF |
| 8138 | REFUSION OF LUMBAR AND | | ARTIFICIAL SPINAL DISC PROSTHESIS, |
| | LUMBOSACRAL SPINE, POSTERIOR | | LUMBOSACRAL |
| | TECHNIQUE | 8469 | REVISION OR REPLACEMENT OF |
| 8139 | REFUSION OF SPINE, NOT ELSEWHERE | | ARTIFICIAL SPINAL DISC PROSTHESIS, |
| 0.4.00 | CLASSIFIED | 0.400 | NOT OTHERWISE SPECIFIED |
| 8162 | FUSION OR REFUSION OF 2-3 | 8480 | INSERTION OR REPLACEMENT OF |
| 0400 | VERTEBRAE* | 0.404 | INTERSPINOUS PROCESS DEVICE(S) |
| 8163 | FUSION OR REFUSION OF 4-8 | 8481 | REVISION OF INTERSPINOUS PROCESS |
| 0404 | VERTEBRAE* | 0.400 | DEVICE(S) |
| 8164 | FUSION OR REFUSION OF 9 OR MORE | 8482 | INSERTION OR REPLACEMENT OF |
| 0405 | VERTEBRAE* | | PEDICLE-BASED DYNAMIC |
| 8165 | VERTEBROPLASTY | 0.400 | STABILIZATION DEVICE(S) |
| 8166 | KYPHOPLASTY | 8483 | REVISION OF PEDICLE-BASED DYNAMIC |
| 8451 | INSERTION OF INTERBODY SPINAL FUSION DEVICE* | 8485 | STABILIZATION DEVICE(S) |
| 8452 | INSERTION OF RECOMBINANT BONE | 0400 | REVISION OF FACET REPLACEMENT |
| 0402 | MORPHOGENETIC PROTEIN* | | DEVICE(S) |
| | WONT HOGENETIC FROTEIN | | |

^{*} code has code also instructions

Denominator

Population of county or Metro Area¹ associated with FIPS code of patient's residence or hospital location.

¹ The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs) and primary metropolitan statistical areas (PMSAs). In addition, "area" could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area or 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.